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## ORIGINAL DEPARTMENT.

### OUR CLINICAL TEACHERS.—No. 3.

AUSTIN FLINT, SEN., M. D.

Dr. FLINT is Visiting Physician to Bellevue and other hospitals, and Professor of Practice of Medicine and Clinical Medicine to the Bellevue College. He is better known, however, to the medical public by his excellent treatise on the "Practice of Medicine." Previous to the establishment of Bellevue Hospital Medical College, in 1861, Dr. Flint had acquired a deservedly high reputation as clinical teacher in Western and Southern cities. But at that time he was called to the responsible position which he now holds.

To his professional acquirements he adds that of an unassuming and kind disposition, and is much loved by the younger members of the profession, who are brought in immediate contact with him.

### COMMUNICATIONS.

#### COMPOUND FRACTURE OF FEMUR AND OTHER SEVERE INJURIES— TREATED BY WEIGHT AND PULLEY.

By H. S. WOLF, M. D.

Of Congdon, Ind.

Henderson Stevens, at. 47 years, a very muscular man, weighing 200 pounds, farmer, has been a life-long sufferer from rheumatism, which had caused considerable deformity of

left ankle joint. The arch of the foot is drawn down, so that the hollow of the foot is on a level with the heel and toes, shortening his left leg a full half inch. On the 28th day of July, 1870, while driving a runaway team, he was thrown from his seat in the wagon, falling on the double-tree and traces, immediately behind one of the horses, which was at the time kicking violently. Between the kicks and the fall and the wagon (an empty four-horse wagon) which ran over his shoulders, he received the following injuries: The right clavicle, and second and third ribs of the right side were fractured; the left arm was badly bruised from the shoulder to the wrist; the middle metacarpal bone of the left hand was fractured and the hand much lacerated; the left thigh was fractured at the junction of the middle with the lower third, and the lower end of the upper fragment driven through the skin; a flesh wound made by steel toe of horse-shoe, two inches in length, immediately over the knee joint, laying the head of the tibia bare; besides many more minor injuries on various parts of the body.

#### PROGRESS AND TREATMENT.

Without going into a detail of the various daily symptoms and prescriptions, suffice it to say that all the wounds and bruises about the body were dressed with a weak solution of carbolic acid, and that they all healed readily. The flesh wound communicating with the fractured femur united by the first intention, speedily converting a compound fracture into a simple one. The fractured femur was treated by the weight and pulley, and, while the wounds of the soft parts were healing, a long fracture-box to prevent rotation. After the wounds healed, a short thigh splint, made by

gluing thin pieces of wood upon leather, was added, precisely as recommended, by Dr. GURDON BUCK, of N. Y. When it became necessary to make frequent changes of position, as the sequel will show, a splint made of thin board, reaching from the hip to the foot, was substituted for the long fracture-box.

Pneumonia of the right lung speedily followed the injuries to the chest, and was treated with opiates and warm fomentations. On the eighth day after the injury the pneumonic symptoms showed evident improvement; but, at this date, erysipelas of the left arm set in. In a short time the arm was greatly swollen from the shoulder to the hand, and much constitutional disturbance was present. This was treated by painting the entire arm with mur. tinc. ferri., full strength, and the internal administration of 20 drop doses of the same, with quinine, every three hours. It yielded readily, so that five days after it first presented itself my patient might have been considered convalescent. By the 14th of August, however, seventeen days after the receipt of the injury, all the symptoms of a low fever set in—pulse 100, weak; tongue coated; bowels loose; total loss of appetite with much nausea and vomiting. This condition continued without permanent improvement till September 10th, forty-four days after the injury. Vomiting became excessive, the stomach actually retaining nothing much of the time. The treatment of this condition consisted in the administration of tonics, stimulants and nourishment in such quantities as the stomach would bear, and, after a time, the patient growing worse all the while, *frequent change of position* in bed was insisted upon, notwithstanding the risk of doing damage to the fractured thigh. The fracture-box was laid aside and the splint before alluded to was applied, the limb being kept extended, at the same time, by the weight and pulley, and the patient turned from side to side from twenty to forty times in the day and night. Vomiting ceased on the forty-fourth day after the injury, and although the patient was reduced to a mere skeleton, no further constitutional disturbance took place, and the general condition continued to improve to the termination of the case.

The fractured clavicle and ribs received no special treatment beyond the recumbent position, and union was prompt and without deformity. The fractured and lacerated hand was

simply laid on a pillow, and together with the other wounds kept covered with a cloth saturated with a weak solution of corbolic acid. Union here was also prompt and without deformity.

Throughout the whole course of the treatment there was not a word of complaint, either of the fractured thigh or the apparatus by which it was adjusted. The limb was examined from time to time, and no shortening or other displacement of the fragments could be detected, and at no time could the slightest motion at the seat of fracture be determined. Yet at the end of sixty days from date of injury there was no union whatever, making it painfully evident that to all the other complications mentioned, "delayed union" must now be added.

At this time the propriety of the "starch bandage" was discussed, but on the recommendation of Dr. SLOAN, of New Albany, with whom I was then in consultation, it was agreed that no change in the treatment be made. On the 29th of November, four months after receipt of injury, union was still very imperfect, the limb bending readily in all directions, at the seat of fracture. Careful measurement revealed no more than one-third of an inch of shortening, and no displacement of fragments could be made out. Confinement to bed had by this time become very irksome, and although the general health was now good and had been so for some time, union was making such very slow progress, that, with Dr. READER, of this place, it was agreed to apply the "starch bandage" and let him up on crutches. The starch bandage was applied in the usual way, and the patient going about where he pleased on crutches, was not removed till the 7th day of February, 1871, one hundred and ninety-five days after the date of injury. Union at this time was found perfect, but long confinement of the limb had rendered the knee joint immovable, and the muscles so weak, that no weight whatever could be borne upon it. Careful measurement detected but one-third of an inch of shortening, and no other deformity. From this time to the present, July 28th, 1871, one year from date of injury, constant improvement has been going on, so that now patient walks readily without crutch or cane, and with but little if any more lameness than before the receipt of the injury.

REMARKS. There are many points of in-

terest to the country practitioner in the above case, and in the interest of that class, I am induced to report it to the profession, because I believe the "weight and pulley" in the treatment of fracture of the thigh, are not sufficiently appreciated by them. While the treatment of this case was going on, I was informed of frequent condemnations of it by neighboring physicians, both young and old, who, not being acquainted with the plan, doubtless honestly thought as they said, that "nothing was being done for the fracture." To those who have been accustomed to the use of the "long splint," and the various other bunglesome appliances used for fracture of the thigh bone, the simple weight and pulley doubtless does look like the sum total of inefficiency; but when the results as published, and of this case in particular, are considered, the efficiency of the weight and pulley, is above a question. It is rare that a patient so mangled as this one, treated with splints and bandages, gets well at all; much less likely are they to get well as this one has done without any deformity or permanent disability. Among the many points of interest in the above case, I wish especially to call attention to the following:

1st. The readiness with which wounds at the knee and at the seat of fracture healed, thereby speedily converting a compound into a simple fracture. Had the long splint, with its roller bandages, been used instead of the weight and pulley, the interference to the circulation and to proper dressing of the wounds which it would have caused, would, doubtless, have prevented the speedy healing of these formidable complications. As it was, no trouble whatever was encountered on account of the injuries to the soft parts.

2nd. Whilst the many and severe injuries did much to produce the severe constitutional disturbance as manifested by a low form of fever, and a general failure of the powers of life, I have no doubt but confinement to the bed in one position did much more; and when on this account it became necessary to make frequent change of position, the fractured thigh, treated in the manner it was, offered no obstacle. The patient was literally rolled from side to side, twenty, thirty or forty times in the twenty-four hours, and at no time could there be the slightest motion detected at the seat of fracture.

3d. Notwithstanding "delayed union," the

bone has finally united firmly with no more than one-third of an inch of shortening—a degree of success in *compound fracture with delayed union*, more than equal to the average of simple fractures, and far better than the most sanguine could reasonably have expected in this case. And all this accomplished, too, without any ulceration, pain, or even the slightest complaint of the dressing, although the weight was kept constantly applied for four months.

Whatever may be the opinion of others, I have no doubt but the delay of union was caused by the great severity of the injuries and their consequences, pneumonia, erysipelas, and a general failure of the powers of life, together with the decided rheumatic diathesis of the patient. And after delayed union was the condition, no plan of treatment could have succeeded in procuring perfect union, without combining with it the bracing effect of *out-door exercise*; at least it is not likely that such would have been the result in any reasonable length of time.

#### CASES IN PRACTICE.

By F. K. BAILEY, M. D.,

Of Knoxville, Tenn.

#### I.—CONVULSIONS TREATED WITH CHLORAL.

July 22d, 9 A. M. Called to see Billy D., æt. 13; unmixed African. Good previous health, but not robust. Has been employed a few weeks in a tobacco factory. Found him with a distended abdomen and a puffiness of the face and lower extremities. Little arterial disturbance; skin dry, but not hot; tongue coated over the whole surface; constipation, with very scanty urinary secretion; some cough, with irritation in the air passages.

Prescribed 10 grs. calomel, and teaspoonful doses of syrup ipecac and squills, equal quantities.

23d, 7 A. M. Bowels open and generally relieved. Pulse slow and soft, with less cough. Prescribed pulv. Doveri, alternated with the syrup.

24th, 8 A. M. Able to be in the street.

25, 10 A. M. A messenger called and reported Billy having "hard fits." Could not go immediately, and another physician was called. Sent for at 7 P. M., when I found him laboring under oft recurring epileptic convulsions. Pulse not over 85, and soft; tongue still heavily coated; swallows a little, but

nearly unconscious during the intervals; face somewhat puffy, but the feet stay natural.

Prescribed chloral in 6-gr. doses every two hours. (Learned subsequently that the gentleman who called in the morning gave chloral and bromide of potassium.) To apply sinapisms to nape of neck and keep feet warm.

26th, 7 A. M. Fits have continued unabated for nearly twenty-four hours. At times so severe as to render it necessary to hold him upon the bed.

Body drawn to the left; thumbs closely clenched to palm of hand. Has not swallowed a drop of anything since midnight. Took about fifteen grains chloral. I at once gave fifteen grains per ano, in half an ounce water. Applied blister to back of neck. Ascertained that nothing had passed the bowels for twenty-four hours, and no urine had been voided for a longer time. On palpation over region of the bladder, found no indications of urine. Resonance to the pubis.

8 P. M. No fits since morning. Lies entirely unconscious. Sleeps soundly, but no stertor. Pupils natural. Pulse 60, and soft. Directed that he should have water put in the mouth occasionally, and have fifteen grains chloral per ano, if fits should recur. Told the family and attendants, who, by this time, had become excited and very solicitous, that he would wake up before morning.

27th, 8 A. M. Has aroused somewhat, and answers in monosyllables. Nothing from rectum or bladder. Hypogastrium soft and resonant. Places his hand upon the forehead as if pain were felt. Gave ten grains calomel.

6 P. M. Bowels moved slightly and a small quantity of urine. To take pulv. doveri and to have demulcent drinks.

28th, 8 A. M. Begins to be conscious; complains of severe pain over the eyes. Pulse slow and soft; tongue thickly coated with a brown fur; voided small quantities of urine during the night, which the mother thought was nearly all blood. I did not see it as it had been carried off before my call.

29th, 9 A. M. Improved since last report, but still complains of pain in forehead and cannot sit up without being dizzy. Pulse very soft and slow; no appetite; bowels open, with some urine.

31st. Convalescent and discharged.

The above are brief notes of a case which was signally grave for a while and dependent, probably, upon uraemic poisoning. There

was no examination made of the urine, but the symptoms clearly indicated such a condition. The effects of chloral are apparent, unless the cessation of the convulsions was spontaneous. In regard to the use of chloral as an injection per ano, I do not recollect seeing it suggested except in the last number of Braithwaite, page 67.

## II.—REFLEX PHENOMENA FROM DISTURBED MENSTRUATION.

March 16, 1871. E. W., mulatto girl, æt. 19. Active temperament and fine features. On inquiry found she had missed the menses on the 12th inst. Complains of pain in lumbar region, with some gastric disturbance. Tongue coated white. No fever.

I was told that the function was not established till she was 17, and that she had suffered intensely with dysmenorrhea every period since. Before proceeding further, I will state that in August, 1870, she went to a circus while unwell, and that a severe rain storm came on which not only wet all present, but the wind blew so strong as to well nigh demolish the tent. The thorough drenching and fright caused such a shock that severe spasms resulted. She lay for hours unconscious—in a state of trance—and was relieved by enemata of valerian and asafoetida, but did not recover her wonted health until after the next catamenial period.

For the relief of her present condition, I prescribed hot pediluvia, two compound rhubarb pills at night, and the following:

R. Iodoform,	ʒss.
Ext. belladonnæ,	grs.xlj.
“ gentiane,	q.s.

M. F. Pil., No. 30, Sig, one before each meal.

Being able to go about, I did not make a second call till the 20th, when I found the bowels more open, and tongue cleaning. Complains of the disagreeable taste of the iodoform, but no nausea. Still rather weak, and has leucorrhœa quite copious. No appetite. Saccharine substance offensive, and desires acids. Prescribed as follows:

R. Sulphate iron,	ʒss.
Sulphate cinchoninæ,	ʒj.
Aromat. sulph. acid,	f.ʒij.
Brandy,	f.ʒij. M.

Sig. Teaspoonful after each meal, diluted with water. To suspend comp. rhel. pills, and continue the iodoform. To avoid walking.

21st. Was called at 6 o'clock, A. M.; found my patient complaining of severe pain in the back and pubic region. The menses returned



last night rather freely, and the usual dysmenorrhoea accompanying. Ordered warm fomentations, and gave five grs. pulv. doveri; suspend iodoform pills.

2 P. M., called in, and found the girl standing in the middle of the room singing, and completely unconscious, wild and staring. No one being in the room at the time, I was with difficulty able to get her upon the bed. She soon began to struggle, and it was impossible for the attendants to keep her upon the bed. Her movements reminded me of the violent struggles of persons laboring under cerebrospinal meningitis. The extremities cold, and pulse feeble. Applied sinapisms to the ankles, and, as soon as practicable, administered an enema of tr. assafoetida and fluid extract of valerian. She soon became quiet, and in an hour passed a large quantity of limpid urine. The enema was retained; consciousness did not return, but she remained till dark in a trance-like condition, with occasional paroxysms of violent, boisterous laughter, and attempts at getting up.

22d. 9 A. M. Passed a comfortable night. Entirely conscious, but oblivious of what occurred yesterday. Copious evacuation from the bowels after an enema of water administered at bed time. Menstrual flow still profuse. Great thirst, with dry skin and frequent pulse.

23d. 8 A. M. Had a good night's rest. Menses still copious and of good color. To take the tonic mixture ordered some days ago, and to have good food.

5 P. M. Taken since noon with startings of the limbs, with small feeble pulse, slow respiration and coldness of the feet. Her sister had given her an enema of warm water, and I ordered the assafoetida and valerian mixture at once, which aroused her. Still complains of severe pain in the lumbar region. Prescribed

R. Bromidi potassii, 3j.  
Aque pure,  
Spts. etheris comp., aa. f3ss.  
Tr. cinchonæ comp., f3j. M.  
Sig. Teaspoonful every three hours.

8 P. M. Found her quiet after one dose of the mixture. Ordered a belladonna plaster 3x4 inches to the lumbar region. Did not think it advisable to give an opiate, as it is probable that it might cause a repetition of the trance state. The family say that she has been similarly affected heretofore after taking morphine, and I have occasionally met with

cases where opium or its preparations have produced reflex phenomena of a like character, especially when given to relieve painful menstruation.

Also, I find considerable tenderness upon pressure over the whole abdominal region, but she can lie upon the face with ease. Pulse 60, full, but very soft; tongue white and flabby.

25th. Since last report she rested very quietly; tongue unchanged in appearance; no appetite. The bowels have been kept open by means of warm water enemata, to which the valerian mixture was added. But little pain in the back. Menses still continue free. To continue the iron mixture, with the preparation of Brom. potass. at night.

26th. Rested very well since last report; tongue cleaning; bowels open; improving in strength; continue medicine, and resume iodoform-pills, enemata P. R. N.

29th. Able to sit up; menses ceased. To continue treatment.

April 6th. Complaining of "a lump in the throat;" bowels not open; directed enemata of warm water, with the foetid mixture, and to continue the iodoform.

15th. Has done well for some days, till yesterday, when she began to have sore throat and some fever. Redness of the fauces and swelling of the tonsils. Prescribed spts. nit. dulc. 3j.; tr. belladonna, f3j. Sig. Teaspoonful every 4 hours.

17th. Throat still sore; touched with sol. nit. silver.

22d. Menstruation occurred last night. Some pain in the pelvic region; but no reflex symptoms. The bowels have been kept open by taking comp. rhel pills. This case is one of a numerous class, that habitually suffer from painful menstruation. When attended with reflex complications, they are generally denominated hysteria, and frequently are neglected, from the fact that hysteria is considered of but little consequence.

I learned after the notes above were made, and while treating the case, that during the first year after the menses were established, that the girl was treated by a physician since removed from the State, who dilated the os uteri, under the impression that a narrow cervix was the cause of the excessive pain. It is important to see that the bowels are kept open at the time of the appearance of the menses, as constipation is apt to induce

neuralgia of the uterus and its appendages. By the old writers, foetid injections were often recommended in hysteria, and the enemata compound of assafoetida and valerian, used in the above case, acted like a charm whenever administered. Iodoform was used also in this case, but whether any benefit was derived is not certain. For the last three months this patient has been regular, but suffered more or less from the usual excessive pain.

Her surroundings have been such as to render her less liable to the accidents of female life than most of her race, for the reason that she has been well sheltered and cared for.

If anything has occurred to render vicissitudes of the weather a cause of menstrual trouble, it has been by reason of personal carelessness. Continued observation has shown that a great proportion of female diseases and accidents in this climate arise from want of proper care during menstruation.

There are some cases in which reflex phenomena during menstruation are idiopathic. There will not only be experienced the ordinary pain and pelvic distress known as dysmenorrhea, but also pain in the head, with nausea like sick-headache, or facial neuralgia, continuing the whole period.

August 22d, 1871.

#### PATHOLOGY OF THE ST. LOUIS BRIDGE CASES.

By A. D. BINKERD, M. D.,

Of Parker's Landing, Pa.

Having set the inquiry on foot, and through the kindness of my friend, Dr. WHITTEN, of Illinois, received a clue to the solution of the question, I deem it my duty to give to the readers of THE REPORTER, by permission of Prof. BAUER (from whose article we have gleaned most of our information), a condensed statement of the facts in question.

For the better understanding of the subject, we must first give a brief description of the plan of the work that brought about the unnatural conditions under which so many laborers perished.

The railroad bridge spanning the Missouri river at St. Louis rests on two piers and two abutments. The foundation of these must necessarily be the solid rocks that underlie the fickle sands of that ever-changing stream, at depths varying from seventy-eight to ninety-

nine feet below water-mark, at the sites of the piers respectively.

These piers were built within floating coffer-dams, made of strong boiler iron. Under this coffer-dam, and constructed of the same material, is an air chamber of several compartments into which the workmen are admitted after descending a spiral stair and working themselves through a series of air-tight doors or valves, which must be properly manipulated to keep the water from rising in this diving-bell, for it has no bottom. Air is forced down by powerful machinery in order to maintain the desired conditions.

The whole is then sunk to the bottom of the river by heavy masonry built inside upon the powerful roof of the air-chambers. The coffer dam is prolonged upward by additions of boiler iron, as the superstructure descends under the increasing weight of the masonry.

At this point, before descending into the sands is begun, the pressure upon the workmen is just equal to the sum of the weights of the atmosphere and of the water. It is owing to the depth of the water and to the susceptibility of the subject if any injury occur here to any one.

By an ingeniously contrived sand-pump, Captain James B. Eads, the engineer of this great work, was enabled to remove the sand and argillaceous deposits, fifty feet in depth in one, and seventy-eight feet in the other, before reaching the solid rock. The depth of water at the site of each pier was twenty feet. Each pier stands upon a base eighty-two feet long; the one forty-eight and the other sixty feet wide.

As the work approached completion, the pressure was greatly increased, till finally in one coffer dam it was equal to four atmospheres.

When the work was lowered to the solid rock, the air chambers in which the men worked two hours at a time, shoveling sand to the pumps, was filled with concrete. So the work stands a triumph in engineering skill.

Going into these air chambers, remaining there for two hours, and coming out of them and ascending into the upper and rarer atmosphere, made apparent the ill effects only after leaving the chambers.

Not one was attacked with paraplegia

while at work in the chambers, but very soon after coming out.

"The very rapid passage from the external air into the condensed atmosphere of the air chamber is attended with many inconveniences, so that the workmen have learned to admit the air slowly into the lock. In coming out, however, they have occupied much less time than in going in, principally because the immediate effects of the transition to the rarer atmosphere are less marked."

A disagreeable sensation of the tympanum was manifest in every one who entered the chamber. In a number of cases of tubal obstruction, laceration of the tympanum also occurred. Respiration is interfered with; breathing becomes laborious for a while, when ease ensues. The heart becomes agitated, but the pulse less in volume and force. With some these conditions soon pass off, with others, especially those of weak lungs, the pulse continues to beat violently till after reaching the outer air, then gradually subsides.

In the chamber the voice is husky and the speech heavy and dull. With some this condition obtains for hours after leaving the chamber.

Many of the laborers soon became accustomed to these changed conditions of animal life, and performed their task with remarkable good humor and buoyancy of spirit. Some have continued at this work for a long time with very little apparent inconvenience. Some visitors have been sick for a few days after being in the air chamber but for a few minutes. Says Prof. Bauer:

"The ascent takes from ten to fifteen minutes. The returning laborers have invariably a pallid and sallow appearance. Their muscular powers, more especially those of the legs, seem to be lessened. Very soon pains set in in all parts of the body, which of course vary in degree." There is numbness and hyperesthesia in the lower half of the body. With some, this condition soon passes off; with others it grows worse till the patient is no longer able to support himself and tumbles to the ground.

"With most of the patients, this is the prominent and invariable clinical feature;" with others the graver symptoms of muscular rigors, lock-jaw, epistaxis, a painful contraction around the body, etc., are superadded. Paraplegia is well marked in every instance, from a light paresis of motor powers to per-

fect paralysis of both motion and sensation. In the former, reflex action may be readily excited, but in aggravated cases there is no vestige of excitability left."

Paralysis of the bladder is a prominent feature, and alkaline decomposition of the urine rapidly supervenes. The catheter often brings away large quantities of bloody matter and decomposed urine. Patients generally breathe freely; have no fever, and retain a good appetite. "The abdominal walls are drawn toward the spine, and occasionally quiver." In a few cases symptoms of opisthotonos were recognized. If fever set in, the cases generally resulted fatally. Symptoms preceding death were apathy, coma, hiccough, quiet delirium, stertorous breathing, and automatic movements of the arms. The pulse rarely exceeded 105, but generally ranged from 90 to 100 per minute. Pupils respond sluggishly to light, become stationary and dilated as death closes the scene.

Some of the patients recovered within a week, some within a month, and others were under treatment for a still greater period, without much improvement. Most of them were of German or Scandinavian nationality, varying from 20 to 30 years of age. The robust suffered equally with the more delicate.

First autopsy, March 20.—22, hours after death, on body of James Moran, 35 years old, died on fifth day after entering hospital. "A powerful man weighing 175 lbs. *Rigor mortis* strongly marked. Posterior surface of the body exhibited large patches of hypostatic suffusions."

Spinal column was first opened. Veins were very numerous and largely distended with dark and tarry blood. Vascularity signally increased with approach to the spine.

On removing the vertebral arches and exposing the dura mater, the cellular tissue exhibited great vascularity and a reddish gelatinous infiltration. The dura mater was separated from the spinal cord by a copious collection of serum, probably two ounces. Next, removed the brain with the spinal cord. The arachnoid membrane of both brain and spinal cord was intensely vascular; the vessels of larger calibre; the structure succulent, and at various places changed in thickness and transparency, and covered with inflammatory products of a whitish gray hue, besides being raised off by subarachnoid infiltration. Near the cauda

a moderately sized vein was completely thrombosed.

The right side of the heart was filled with coagulated fibrine, which extended into the pulmonary artery.

The left side contained some blood, dark in appearance, not coagulated.

The lungs were well inflated, anteriorly of normal color; positively darkened from hypostasis. The kidneys were enlarged, and showed venous congestion. Ureters, normal.

"From the *post mortem* evidences, which varied but little in all the cases, interesting disclosures in reference to the pathology of the brain and spinal marrow may confidently be expected." That the brain and spinal marrow are the focus of the disease will not be denied by any one who has paid any attention to the prevailing symptoms of the so called bridge cases.

The hyperæmia of the spinal cord is doubtless produced by the excessive pressure, and the effusion of serum is merely the result of long continued and excessive hyperæmia. Compressed gases being more readily absorbed by liquids, under these conditions morbid products are retained by the blood. Coming to the outer world, where hyperoxygenation no longer exists, the morbid products are not eliminated; hence, passive poisoning. The paraplegia is due, as every one must infer, to the hyperæmia and effusion of serum around the spinal cord. This imperfect sketch may have some interest for many of your readers who have never heard of the St. Louis Bridge cases. If so, we are amply rewarded for the pains and time, besides the instruction research confers upon the votaries of science.

#### RESECTION OF A PORTION OF THE INFERIOR MAXILLA.

By W. L. APPLEY, M. D.

Of Cohecton, N. Y.

Mrs. S., æt. 42 years, a resident of Pike county, Pa., came to me some weeks ago to consult me in regard to a tumor of the left side of the under jaw, about the size of a small hen egg; soft and vascular; the teeth had fallen out of the diseased portion of jaw; the discharge from the mouth was very offensive; the tumor had lately assumed a dark color and became painful. It had made its appear-

ance about sixteen years ago, caused, she thinks, by a decayed tooth.

It had been treated as I was informed by excision of the soft parts, by ligature, by caustics and in various ways; in all unsuccessfully. I came to the conclusion that it was malignant (melanotic) and that the underlying bone was implicated. It was evident that excision or ligating the soft parts could not meet indications, and caustics would be about useless. I believe such applications only aggravate these tumors. Dr. GARRETSON says of these tumors, whether they are cancerous in their nature or not, if they are not very completely removed they will progress until they destroy the patient, and if they are thoroughly extirpated they will not reappear.

After a thorough examination, I was more inclined to think that the base of the bone was in a condition in which a cure could not reasonably be expected, except by a removal of a portion of the jaw throughout its entire thickness. I explained the operation to the patient, and she very readily assented, as she had lost all confidence in other plans. The operation was performed July 15th, 1871.

I was advised and assisted by Dr. De Long, of Equinunk, Pa.; Dr. Decker, of Narberth, N. Y.; Dr. Sturdevant, of Deposit, and Dr. W. W. Appley, of Cohecton, N. Y.

The patient was placed under the influence of chloroform; we made an incision commencing at the center of the lip, down the chin to the base of the bone; an assistant on each side compressed the labial artery with thumb and finger; another incision was drawn, extending from the point of the chin along the base of the bone to just behind the angle.

The facial artery was divided and tied, the flap turned up over the face, and the first incisor tooth extracted and the last molar, and a notch sawed into the cavity of each by Hey's saw, and the bone divided at each notch, by the bone scissors; the soft parts within being cut across, the separation was effected and the bone removed.

The bleeding was not at all troublesome. The external wounds were then brought together by the twisted and interrupted sutures: the twisted suture compressed the labial artery; union occurred on the face, granulation and cicatrization within, and a perfect cure is our present anticipation.

Dr. MOTT claimed for America originally in this operation.

His first operation was performed on the 17th of November, 1821, and was published at length, with plates, in the *New York Journal of Medicine*.



# EDITORIAL DEPARTMENT.

## PERISCOPE.

### Vaginismus.

Dr. T. PARVIN gives the following cases and remarks upon this disease in the *American Practitioner*:

Mrs. —, fifty years of age, married, and the mother of a child some fifteen years of age, consulted me for a sensitive tumor at the mouth of the urethra, which had existed for a number of years. In this case vaginismus had gradually occurred, consequent upon the tumor, until sexual intercourse had become more and more painful, and finally was discontinued five years before I saw the patient. The vaginal orifice was so sensitive and so contracted that the introduction of the index finger was exceedingly painful and well-nigh impossible; and yet this lady was heroic and patient, and could endure pain and suffering quite as well as most of her sex. She was content with the removal of the urethral tumor, declining an operation to restore marital rights.

The second case occurred in a recently-married lady, for five months a wife, during which repeated attempts at intercourse were fruitlessly made. The lady was young, the picture of health, well-formed, and well-nourished, with no excessive development of the nervous system. Her general health was excellent, and there was no disease of the sexual organs, of the rectum, or of the bladder to explain the vaginal spasm. It depended purely upon a local hyperæsthesia. In this case the treatment pursued was forced, then progressive, dilatation. The dilators used were the glass instruments of Dr. SIMS. Before introducing one, which was done daily, it was smeared with an ointment of simple cerate and atropia. The instrument was retained from twenty to thirty minutes. In two weeks complete cure.

The third case occurred to a lady who had been married some years, but was childless from chronic endometritis. Consequent upon this endometritis there was more or less copious and constant purulent discharge from the uterus, producing great vaginal and vulval irritation and some erosions, with now and then actual vaginitis. For many months sexual intercourse had not been attempted. Here the vaginismus at times was so great that even the bulbous extremity of a self-injecting apparatus could not be introduced, and at any time the introduction of a cylindrical speculum of smallest size was exceedingly painful and difficult. The caliber of the vagina throughout seemed to be lessened; and such a condition is readily explainable by supposing an extension of inflammation to

the connective tissue, with consequent hypertrophy and contraction.

DEBOUT, in discussing this disorder, adopts as one of his conclusions that it is most rational to commence by treating the lesion, if still existing, which has produced it, and when this lesion is cured resort to dilatation. But it is manifest that such a practice would be utterly inapplicable in such a case as just narrated; for how reach the disease of the uterus when the very entrance of the avenue thereto is closed?

So too, dilatation was out of the question; for the vaginal spasm and the vaginal contraction, with the irritable and sensitive condition of the entire vaginal surface, would render the process exceedingly slow and painful, possibly even prevent its success. There remained therefore only operation by cutting, and this was done, and the subsequent treatment pursued as directed by Dr. Sims.

Dr. Sims does not introduce the dilator, unless there is much hemorrhage, until twenty-four hours after. It is worn two or three hours each morning and each afternoon. The cure is generally accomplished in two or three weeks.

The operation was successful; but the tendency to recurrence of the disorder was so great that the dilators had to be used daily for a much longer period than two or three weeks.

Here it may be well to refer to one of the dangers that may be met with in this operation—for Dr. Sims tell us that "in two instances the bleeding was excessive"—and to some of the different methods of operating that have been advised. And first of the latter. HUGUET, operating in 1831 upon his first case, used a probe-pointed bistoury, introduced an inch and a half within the vagina, cutting within outward on one side, and then on the other, "dividing the opening of the vagina on either side to the extent of seven or eight lines." Considerable hemorrhage occurred in this case.

MICHON, in cases where the hymen still remained, made with a probe-pointed bistoury three incisions, one median and two lateral, through this structure, and extending to the sphincter but not involving it. In other cases double subcutaneous myotomy is made two centimetres distant on each side from the raphé, each division of the muscle being made from without toward the vagina, the extent and direction of the section regulated by the index finger of the left hand placed in the vagina.

Dr. EMMET'S operation is done by passing the left index finger into the vagina, "elevating upon it the sphincter, which feels like a

cord rolling upon it," then dividing with a pair of scissors the muscle upon each side of the perineal junction.

BURNS's operation was division of the pudic nerve. SIMPSON's modification consisted in making this division subcutaneously. Dr. SAVAGE believes a not uncommon form of vaginismus is due to the perineal body not having its usual elastic character, and is readily cured by "a median perpendicular incision three parts through it."

#### Intermittent Uterine Hemorrhage during Gestation.

Dr. F. A. ASHFORD, M. D., Assistant Surgeon Columbia Hospital, in charge of Diseases of Females at Columbia Dispensary, sends the following case to the *Nat. Med. Journal*:

Ellen C., a bright mulatto, set. 28, was admitted to Columbia Hospital and Lying-in Asylum, April 13th, suffering from "floodings," which she said had appeared every other day between 11 and 12 o'clock, for two weeks past.

Upon making a digital examination I could discover nothing abnormal. She was about eight months advanced in pregnancy, and from the ease with which I could detect the head of the foetus, I was confident no portion of the placenta presented, although auscultation showed that its site was on the right anterior and lateral perities of the uterus. But to make sure that I should not be deceived by an hysterical fancy, I examined her on the next day while the flow could be seen issuing from the os uteri, guttatum. The hemorrhage began about an hour before, and several napkins had been saturated with blood, but had almost ceased when the examination was made, and it was preceded by some chilliness and followed by more or less fever, but generally these mutations of temperature were scarcely noticeable.

April 20th, I ordered 5 grs. quinine sulph. every three hours, and the following day she missed the hemorrhage. The quinine was then discontinued, and the hemorrhage returned on the 27th, and appeared again on the 29th, after which the medicine was again exhibited as before, and no more bleeding occurred until the evening of May 3d. The quinine was then given, one scruple daily, until she was delivered May 17th, without any return of the hemorrhage and with a general improvement of health. The child, a girl, was rather puny, and on the third day the mother presented symptoms of endo metritis, but she made a good recovery, and was discharged with her child, June 12th.

I find a similar case reported in Braithwaite's *Retrospect*, part 8, p. 167, by M. BILLETER; but pregnancy did not exist, and the uterine hemorrhage occurred daily between 2 and 3 o'clock A. M. It had resisted every medicament both local and general, until quinine was administered, when it immediately ceased. After

four days, considering herself cured, she failed to take the medicine and it returned, but ceased again on its resumption.

There is one feature connected with my case, and it corroborates what has been my invariable experience, that quinine exhibited in medicinal doses to pregnant women suffering from intermittent fever or malarial poison in any form, does not tend to produce abortion or induce premature labor. I could demonstrate this by a large number of cases, and may do so at another time.

#### On Dextral Pre-eminence.

DR. WILLIAM OGLE read an essay on this topic before the Royal Medical and Chirurgical Society.

After a brief account of the chief explanations which have been given of right-handedness, the author advanced numerous arguments against the most generally accepted doctrine that it is based solely on conventional agreement, enforced by educational influence, and not on a natural foundation. Among these arguments were the following: The preferential use of one side is not limited to the arm, but extends to the leg, which is not subjected to education as the arm. The tendency to use one side preferentially manifests itself before education begins, and often persists in spite of the efforts made to overcome it. Left-handedness resembles many physical malformations in being hereditary, in running in families, and in attaching itself rather to the male sex than to the female. Men are not the only animals with a tendency to use one side preferentially; the author had observed the same tendency in monkeys and in parrots. There must hence be some structural foundation for right-handedness. In right-handed persons the left hemisphere is pre-eminent over the right; and in left-handed persons the left hemisphere has a similar superiority. This latter statement, the probability of which was suggested by Dr. Ogle several years ago (*St. George's Hospital Reports*, vol. ii, 1867), was supported by three cases of aphasia in left-handed persons, accompanied by left hemiplegia, which the author had himself seen, and a fourth recorded by Dr. JACKSON. Hence, right and left-handedness would seem to depend on a natural predominance of the left and of the right hemispheres respectively. The author stated that, while the left hemisphere is the more complex in right-handed persons, so is the right in left-handed individuals. This latter statement was based on the examination of the brain in two left-handed subjects. The specimens and also tracings of them by Dr. BROADBENT were exhibited. The greater development, as a rule, of the left hemisphere depended probably, it was argued, on the left hemisphere receiving a freer supply of blood than the right one. The results of the author's observations as to the relative sizes of the arteries on the two sides of the neck were given; from which it

appeared that the left arteries are, as a rule, slightly larger than the right ones; and that, independently of the size of the vessels, the stream of blood is less hindered on the left side than on the right. Lastly, it was stated that this explanation was consistent with, and corroborated by, the peculiarities of the cerebral blood-supply in those other animals which, like man, manifest a tendency to use one side preferentially to the other.

#### Hydrate of Chloral in Delirium Tremens.

DR. AUG. C. KINNEY, House Surgeon Charity Hospital, New York, writes to the *Medical Record*:

Having served recently at the Workhouse, on Blackwell's Island, where a considerable number of cases of delirium tremens are constantly being sent for treatment, I improved the opportunity thus presented of testing the comparative values of hydrate of chloral, bromide of potassium, and sulphate of morphia in this disease.

To be sure of the doses given, I weighed the salts carefully and prepared the solutions myself. Of the hydrate of chloral the strength of the solution was sixty grains to the ounce of water. I made it well diluted purposely, as a strong solution is excessively irritating.

The cases to be treated were divisible into two distinct classes. The first class comprised those who, having been used to considerable alcoholic stimulus, either habitually or at times, were attacked with delirium tremens from a few days to a week after admission, on account of the withdrawal from use of their accustomed stimulus.

The second class of cases was to be found amongst those sent here to be treated especially for their delirium tremens. They were inveterate drunkards, and had been attacked with this complaint during or immediately after a long debauch. It is this class of cases in which it is most difficult to produce sleep and appetite, and in which dangerous complications are most apt to arise.

Bromide of potassium was given at first to many cases of both classes. Under the use of sixty grains given every two hours, the patients of the first class would become quiet, go to sleep, take nourishment and hallucinations would pass away within from twenty-four to forty-eight hours. Hydrate of chloral produced sleep much more quickly, for which a dose given every two hours of thirty grains was usually sufficient. My own impression, however, is that it does not remove the nervousness as efficiently as the bromide.

In the second class of cases delay in producing sleep has even proved fatal. While trying to get the patient quiet and asleep under use of bromide or sulphate of morphine, he is attacked with pneumonia or uræmia, and dies. With this second class of cases I have given as high as 120 grains of bromide every two hours for two days without producing

sleep, and I believe it to be impossible to get them quiet by this means with a safe dose. Sulphate of morphia I have also given in very large doses by hypodermic injection, and though more efficient than the bromide it requires to be given in larger doses than are always safe.

Those of this second class of cases which I treated with hydrate of chloral, in sufficient doses to produce sleep at once, recovered in the shortest time. In obstinate cases a dose of 60 grains of hydrate of chloral was given, but other cases required 90 grains; in no case more. In less than two hours the patient usually went to sleep and slept from four to five hours; and on awakening another dose of 60 grains was given with liquid food, milk or beef-tea. The patient would then go to sleep again, and on awakening the second time would probably be free from hallucinations and take food with a relish. During convalescence the bromide was frequently substituted for chloral, with good results. In many cases I gave the chloral after the ineffectual use of both bromide and morphine, with success; and in one instance succeeded with 90 grains of chloral in producing sleep, when I had given the bromide for 48 hours previously, in doses of 120 grains repeated every two hours. In no case have I observed any serious symptoms in consequence of the larger dose of chloral mentioned, but believe it should be given cautiously. Smaller doses often repeated do not have the effect of larger doses.

I believe that too much care cannot be taken in protecting the patient from irregularities of temperature. The sooner we get the patient to sleep and quiet, the less liable he is to be attacked with complications. The blood and kidneys are already in such a condition that the slightest causes will produce pneumonia, uræmia, or other troubles. We should be constantly looking for them and guarding against them. The pneumonia accompanying delirium tremens is the more dangerous since it is most likely to attack two or more lobes, and is apt to be often overlooked by the physician on account of no accompanying cough.

Out of 40 cases treated by various methods as above stated, 5 died. Post-mortems were made on 4 out of 5 deaths. Of these four, three had pneumonia (one with pachymeningitis and pneumonia) and one had uræmia (acute congestion of kidneys and albuminuria), &c. Pneumonia was diagnosed in the case in which no post-mortem examination was made, so that four out of the five cases which died had pneumonia; out of the three cases in which pneumonia was found in post-mortem examination, in two cases the pneumonia was found to have involved two or more lobes. In two cases also out of three, fibrinous clots of the heart were found.

#### Spontaneous Cure of Chronic Gonorrhœa.

In the *Presse Med. Belge*, 2nd July, 1871, quoted in *The Doctor*, DR. LEGDAUK, of



Brussels, says that, "To cure urethral blennorrhœa (gonorrhœa) is one of the difficulties of therapeutics." He relates the following case of a patient who, for six months, tried all sorts of remedies for gonorrhœa, and finally got well by accidental inflammation of the organ. In 1870, in October, M. K., consulted the doctor for an acute case of gonorrhœa, which, thanks to strict diet and rational treatment, completely disappeared in four weeks, when it was brought back by careless diet. At the end of three months of varying success, the patient abandoned all hopes and gave up all treatment. In May, 1871, he revisited his medical adviser, when it was found that the balano-preputial furrow was occupied by a series of superficial ulcerations. A herpes preputialis had first appeared with erythema of the prepuce and this became ulcerated. But there was no longer any discharge from the urethra. The irritation of the ulcers had served as a derivative to the urethral inflammation. A simple dressing with lint between the prepuce and gland was ordered, with a saline purge and milk diet, when the ulcers healed in some days and all gonorrhœal discharge was absent. What is suggested, says Dr. Legidauk, from an attentive examination of these facts is, that in gonorrhœa, local treatment is of the greatest importance. Moreover, we must grant to irritating agents quite as much efficacy as to modifying agents, such as astringents and balsamics; and that finally, these may be of some service in producing a substitutive irritation in the neighborhood of the diseased mucous membrane, rather than in the urethra itself. Sometimes a patient with chronic gonorrhœa is cured by contracting a more acute attack; but this is dangerous.

#### The Cause of Typhoid Fever.

Dr. E. M. SNOW, of Providence, R. I., says: There are several diseases prevalent in New England, the causes of which are mysterious, and seem thus far to baffle all investigation. Among them are typhoid fever and diphtheria. It is very common in the voluminous reports of some "Health Departments" to ascribe these diseases to foul air from sewers, and one eminent physician well known throughout the land, in an elaborate essay, gives the use of ice as the chief cause of diphtheria.

A sufficient answer to these theorists is the fact that both typhoid fever and diphtheria prevail tenfold more in the most rural districts of New England, where sewers and the use of ice are almost unknown, than in cities. We have long been satisfied that the cause of typhoid fever is of vegetable origin, while the cause of typhus or ship fever is undoubtedly of animal origin.

A recent report of a local outbreak of typhoid fever in Islington, England, which we find in the *British Medical Journal* of November 26, 1870, is extremely interesting, and valuable in illustration of this subject.

It seems that in July and August, 1870, there was a severe outbreak of typhoid fever in the parish of Islington, which it was impossible to account for on any theory of local miasm, bad drainage, or poor water supply, as none of these causes existed there. Besides this most of the cases of fever were in the houses of the wealthy, which were free from the commonly reputed causes of this disease.

Within less than a semicircle of a quarter of a mile radius, 168 cases of typhoid fever occurred within ten weeks, and thirty persons died.

Many causes for the sickness were named, all of which were easily shown to be groundless, until, at last, some one suggested a connection between the disease and the distribution of milk from a particular dairy. As the investigation progressed, the evidence became entirely convincing that this was the true explanation of the disease. Out of 140 families supplied with milk from this dairy, 70 suffered from typhoid fever. The disease picked out the customers of this dairy in separate streets and squares, leaving other houses immediately adjoining. It attacked females and children, the largest consumers of the milk, out of all proportion to male adults, and in several instances the only persons who had the fever in several families were those who used this particular milk.

The fact seemed to be established that the milk from this dairy was the cause of the fever and the next step was to ascertain how the milk became contaminated.

An investigation showed that the water supply at this dairy was from an old underground tank. This water-tank was built of wood, and was much decayed, and in part had fallen away. The probability seemed to be that the mixture of water from this tank with the milk was the cause of the fever. The owner of the dairy suggested that as the milk cans were washed with this water, possibly enough might remain in them to poison the milk.

The case is quite interesting, as affording a possible clue to the discovery of the causes of this mysterious and fatal disease.

A few months since in this city, there were several cases of typhoid fever, the origin of which was mysterious, and the suggestion was made that it was connected with the supply of milk. In that case, the family from which the milk came had the fever, and some persons thought the spread of the disease was due to contagion. The case we have related from England may suggest a possible cause for the disease in this city without a resort to the doctrine of personal contagion, which the best authorities do not ascribe to typhoid fever.



## Reviews and Book Notices.

## NOTES ON BOOKS.

Those interested in Georgia medical disputes have now an opportunity of indulging their tastes by perusing a pamphlet of 102 pages with the following comprehensive title: "Report of the Delegate of the Fulton County Medical Society, with the Report of its Committee; also, a History of the Controversy between the Old Board of Trustees and the Faculty of the Atlanta Medical College and the Fulton County Medical Society to the time of its introduction into the Georgia Medical Association; also embracing the actions of the Georgia Medical Society and the Macon Medical Association, with a history of the controversy from its introduction in the Georgia Medical Association to its late action at Americus Georgia. Also, Dr. Geo. C. Crawford's Reply to an article styled 'A Statement of Facts' in the *Atlanta Medical and Surgical Journal* for May, 1871. Also, Dr. E. J. Roach's Statements." (J. J. Toon, Atlanta, Ga.)

The second edition of Dr. W. K. BOWLING'S "Historical Address to the Graduating Class of 1868, in the Medical Department of the University of Nashville," has appeared. It contains many curious reminiscences of the early days of progress of that school.

Ophthalmologists will be glad to read a clear and succinct description of the modern operation for cataract by Dr. HASKET DERBY, of Harvard University. It is a lecture delivered before the Harvard Medical School last April, with an analysis of sixty-one operations (pamphlet, pages 23, two page plates, representing the instruments used).

Dr. DAVID PRINCE, of Jacksonville, Ill., has published in pamphlet form his "Report on Plastics and Orthopedics" to the Illinois State Medical Society, for 1871. It is well illustrated, and goes over the field very thoroughly. An edition bound in connexion with his former two reports is for sale by Messrs. Lindsay and Blakiston, Philadelphia.

## BOOKS NOTICES.

Practical Midwifery and Obstetrics, including Anesthetics. By JOHN TANNER, M. D.,

M. A., L.L. D., etc. Philadelphia: J. B. Lippincott & Co. 1 vol., 12mo., pp. 237.

This is a convenient epitome of the most important parts of obstetrics, designed more for students than those already fairly versed in this department of medicine, though even the latter may on occasions find such a manual convenient wherewith to refresh the memory. The illustrations are clear and abundant, and the paper is excellent. We are unable, however, to coincide with the author's opinion as expressed in his preface, that "the work contains everything of importance which is to be found in other books on the subject," as it would not be hard to find very many leading and relevant facts which he has not mentioned.

On Bone-Setting (so called,) and its Relation to the Treatment of Joints crippled by Injury, Rheumatism, Inflammation, etc., etc. By Wharton P. Hood, M. D., M. R. C. S., London and New York: MacMillan & Co. 1871. 1. vol., 12mo., pp. 156. Price \$1.50.

In almost every community we can, by inquiry, hear of some person, not a medical man, who has a wide reputation as a "natural bone-setter." They often perform astonishing cures, not a little to the disgust of regular practitioners. They unquestionably possess a certain experimental knowledge and manipulatory skill, which every surgeon does not have.

Dr. Hood, the author of the above little volume, had peculiar facilities for studying the operations of one of the most skillful of these empirics, Mr. Hutton, of London. The results of his observations are in the highest degree interesting, and constitute a novel and useful contribution to reparative surgery. He is of opinion that few luxations are really reduced by these experts, but their forte is in breaking up adhesions, in restoring use to joints by sudden and well-directed movements, and in bringing into play long disused muscles.

A number of striking cases, well told, are given, and the requisite manipulations are described in the text and shown by drawings. Various lesions in which the rules of orthodox surgery prescribe rest and immobility, he shows are to be treated by the precisely opposite plan of sudden and violent manipulation. The substance of the volume, we may add, appeared in the *Lancet* during the past year.

—It is announced that DONALD DALRYMPLE, Esq., formerly an eminent surgeon and physician, and now M. P. for Bath, will, after the session of Parliament, visit the United States for the purpose of making a study of the American course of treatment for the reformation of inebriates.

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 2, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

### WHAT MAN WAS.

Few of our readers have not read more or less about Darwin's views as to the descent of the species, man. Following with consistent and dauntless footsteps the principles laid down in his work on the variations of species published ten years ago, he has applied those laws of development to our own race, and has, on reconstructing the primeval pair, found them, not in the likeness of God, nor the children of a demi-god, as the view once was, but in that of a creature allied to the anthropoid apes, both sexes hairy and bearded, the canine teeth prominent and used as prehensile organs, and the mental abilities far below that of the lowest savage.

Pursuing the same chain of reasoning still further back into the remote ages of geological life, we are presented to our still more distant parents in yet stranger forms. We discover them to be akin to the denizens of the water, amphibious beings, delighting to sport on the tertiary mud-flats, and to dive and swim amid those antique and gigantic monsters whose vast frames still testify to the animal life of that ancient world.

The study of rudimentary organs and analo-

gous structures has led to this astonishing, if not gratifying, result. Those great laws, the Survival of the Fittest, Sexual Selection, Evolution by Slow Variation, are the levers which have broken into the arena of Nature and revealed this, her long hidden secret.

But even with these discoveries at our elbow, it is not all plain sailing. Not only have we many peculiarities in man left unaccounted for—for instance, his smooth skin, his high cranial capacities, and certain mental powers—but the grand theory of evolution itself is held to be at fault. For this theory postulates a constant approach to higher forms and to more perfect adaptations. It can explain deficiencies, but it leaves no room for perfection. There is always a higher plane toward which the organism is struggling.

Here the anatomist requests a word. He claims, and he proves his claim correct by a mathematical demonstration, that there is perfection already and long ago achieved in the organism, that in other words there is no longer room for evolution in that direction, that any change is deterioration, and if such change is continued it is no longer Survival of the Fittest, but of the Least Fit. He shows that in the lower animals the principle of Least Action (of maximum force with minimum motion) is attained beyond which "the powers of nature can no further go." Therefore, so far from being an ally of the bold and brilliant theorist, as was expected, he assumes toward him an uncompromising antagonism. His thesis is this:

Any variation within the limits of a species, must be a deterioration, as it violates the principle of least muscular action. If by such variations new species arise, it is Retrogression, not Evolution; for it occurs through survival of imperfect forms. If they do not survive, then no new forms can be perpetuated. On either horn of the dilemma the Darwinian theorist seems to be equally helplessly impaled.

## Notes and Comments.

### A Nurses' School.

There is an institution in Henrietta street, London, the object of which is to train nurses. Nearly ten years ago, a London doctor, weary of the ignorance, cupidity and general incompetence of the untrained nurses of the sick, bethought him of a plan by which skilled nursing should be as easily procurable as professional advice. Hence the General Nursing Institute, from which nurses may be obtained at a moment's notice, and where, if telegraphed for from a distant province or county, they are despatched by the next train. Their service to the Institute is continuous, and so is their pay.

### Cod Liver Oil Butter.

An ingenious pharmacist has lately adopted the method of making cod liver oil into a butter, for the purpose of being administered to such patients as find an objection in the taste of the oil itself. This is done by combining the oil with a concrete or butyaceous fat, thus bringing it into a form in which it can be used as butter on bread, or made into pills. It is also suggested that by mixing cod liver oil with mustard, egg, and the other ingredients used in making salad dressing, the taste can be so disguised as to render it a palatable article for putting upon various articles of food.

### Prize Essays.

We desire to call the attention of our readers to the series of prizes offered for essays on different subjects in our advertising columns, by the American Popular Life Insurance Company. The principles on which this company is founded seem to us to embody the correct idea of life insurance, and they are worthy of the careful study of medical men.

### Our Greatest Enemy.

Physicians, as conservators of the public health, and, in a great degree, of the public morals—certainly so far as they depend on the health of the community—should use the influence of their standing and position in society to put a stop to the great evils, political, social and moral, which grew out of the manufacture and sale of intoxicating liquors. *There is but one remedy—PROHIBITION.*

Mr. Young, who is Chief of the Bureau of

Statistics of the U. S. Government, gives as an estimate of the sales of liquors in the United States during the fiscal year ending June 30, 1871, the following:

Whisky, 60,000,000 gals. at \$6 retail.....	\$360,000,000
Imported spirits 2,600,000 gals. at \$10 retail....	26,000,000
Imported wine, 10,100,000 gals. at \$3 retail....	30,300,000
Ale, beer and porter, 65,000,000 bbls. at \$20 retail.....	1,300,000,000
Native brandies, wines and cordials, quantity unknown, estimated value.....	\$1,500,000
Total.....	\$1,696,300,000

Estimating our population at forty millions, the annual amount expended for intoxicating drinks by each man, woman and child of our population is fifteen dollars.

### Yellow Fever in Charleston, S. C.

There seems to be no doubt of the existence of yellow fever in Charleston, South Carolina. There are conflicting reports as to its severity, but we fear that there is reason to apprehend the worst. Providentially it is so late in the season that an epidemic would soon be stopped by frost. The Medical Society of Charleston, in view of the exaggerated reports abroad as to the prevalence of yellow fever here, held a meeting on the evening of August 25th, and, after a full investigation and discussion, resolved to make an official publication of the real facts of the case, as follows:—That yellow fever of a mild type does exist to a limited extent in Charleston; that it is mainly confined to one neighborhood; that the first case dated from July 27, and during the month that has elapsed since then there have been, perhaps, in all, up to this time, thirty-five cases, nine of which have proved fatal, but that the disease does not seem of a character disposed to spread rapidly or widely. It is added that differences of opinion exist in the profession as to the probable spread of the disease.

The Board of Health announces, this morning (Aug. 26), that the number of cases reported since the 20th inst. indicate that the disease is assuming an epidemic form.

At the latest date, Aug. 27, it is reported, since Friday there have been three new cases of yellow fever, and one case, previously reported, has died. The first excitement caused by the appearance of the disease is subsiding.

### Longevity.

Dr. WELLINGTON, in his recent annual discourse before the Massachusetts Medical Society, further illustrates the increase of longevity by some local statistics. He observes

that many causes have combined to produce this cheering result, and among them may certainly be included improved treatment of disease. He cites the records of the Massachusetts General Hospital, which show that from 1860 to 1870 the proportion of deaths to admissions was 8 per cent., while for the preceding forty years it was 10.2 per cent. The percentage of the number "discharged well" on the "total admitted" from 1860 to 1870 was 56.6; while for the preceding forty years it was 46.5. He stated that the statistics of the Pennsylvania Hospital and of the New York Hospital are of a similar character. The annual report of the Massachusetts Board of Health for 1869 contains a table giving the mortality from consumption in that State during each of the sixteen years from 1853 to 1868, inclusive. From this table it appears that this disease is there diminishing in fatality. Comparing the first group of five years with the last, the annual gain in each 100,000 of the population is 54 lives—giving as the actual saving of life in the last five years 3440 persons, or 688 in each year; and the improvement seems to be going on.

#### Fecundity.

In the census returns of an Ohio town, one happy couple, Mr. Daniel Mann and his wife, both native-born Americans, report that they have added to the pure native stock of the State eighteen children, although they have been married but twenty-three years.

#### Ice in the Rectum in Retentions of Urine.

DR. CAZENAVE, of Bordeaux (*Jour. de Med. et de Chir.*, May, 1871), says, that during twenty years the following simple expedient has never failed in giving relief in retention of urine. He introduces into the rectum a piece of ice of the form of an elongated oval, and about the size of a chestnut, which he pushes up beyond the sphincters, and renews every two hours. Almost always in an hour and a half or two hours at longest, urethral spasm ceases, a certain quantity of urine is passed, and the bladder is emptied without effort by the patient. If in rare and exceptional cases this does not take place, he introduces again pieces of ice into the rectum, and also places broken ice from the anus up to the end of the penis, until the urine flows, which it *infallibly* does. When there is difficulty in making water occasioned by prostatic

hypertrophy, the good effects of the ice [are rather longer of coming on, but almost always are produced. In short, in these circumstances (strictures and prostatic hypertrophies) the sedative effects are so well marked, thanks to the effects of the ice, that the introduction of bougies and sounds into the bladder and urethra is always rendered easy to practised surgeons, and hardly any pain is felt. In our Chronicle for May we mentioned Dr. Baillie's statement, that ice *per rectum* was invaluable in the narcosis of chloroform. We have now to add that the same mode of using the same agent has been reported on for retention.

#### The Sequels of Measles.

The May number of the *Journal de Médecine et de Chirurgie Pratique* contains some account of DR. JACCOUD's clinique, quoted in *The Doctor*. Laryngismus, stridulus, diphtheria, and enteritis have often been noticed by Dr. Jaccoud to occur after measles. False croup is not so dangerous as it was once thought, if not too actively treated. Diphtheria sometimes is seen after measles in the nasal fossæ and throat; it is almost always fatal. Enteritis is common in measles, and sometimes very fatal. There is often dysenteric catarrh of the intestines. Typical arborescences are seen in the intestinal mucous membrane in such cases. After the disease is over scrofulous affections often arise, ophthalmia, keratitis, otorrhœa, chronic catarrhs of the nostrils, and gangrene of the mouth, or vulva. Capillary bronchitis remains in many cases, and may give rise to emphysema, œdema, tubercles, or cirrhosis of the lung. After epidemic of measles, phthisis abounds, and often acute phthisis, with granulations throughout the lungs. In laryngismus stridulus a sponge dipped in hot water should be held beneath the little patient's chin. In bronchial catarrh hyoscyamus is very useful, and for the colitis, M. Jaccoud recommends enemata with albuminous substances, or six grains of sulphate of copper in three ounces of water as an enema. The mouth and vulva should be often inspected in case gangrene supervene, and, if any diphtheritic fœtid plates are noticed, the parts are immediately to be cauterised by fuming nitro-hydrochloric acid, or with the actual cautery. Epistaxis is a pretty common phenomenon in measles, and sometimes proves fatal. Water, as hot as



possible to bear, containing a solution of sulphate of zinc, should be thrown up, and the perchloride of iron not used for a time as it forms a clot, which is ill borne by the child. In hemorrhagic epistaxis lemonade made with fifteen drops of nitric acid in a quart of water may be given. In capillary bronchitis, sinapisms are better than blisters, blood-letting, or tartar-emetic. Wine, and even alcohol are useful sometimes in such dangerous complications.

Dr. G. Kraus, of Vienna, on the Treatment of Venereal Disease.

In the *Alg. Wien. Zeit.*, of June 20th, 1871, Dr. KRAUS says that there is no doubt that ulcers may be communicated to the lips by ends of cigars, pipes or surgical instruments, and also by the finger of the nurse who has some form of syphilis. A case of infection of the last named kind is given by the writer. In the year 186— he was called to the house of a respectable family in Leipsic, shown the niece of the lady of the house, a girl of ten years, who, as the lady expressed herself, had for some time suffered from a great irritation in the genital organs. The girl had been on a visit at the house for some weeks, and participated in the lessons given by a young man aged twenty, to the children of the house. He found both of the lips of the vulva very oedematous, and chancres on either side, mucus papules at the anus. The teacher was suspended and he was found to have syphilitic affection of the penis. A mercurial course of several weeks was given, and the syphilis in the girl disappeared. Venereal ulcers cause frequent excoriations, ulcers and swellings of the glands, phymosis and paraphymosis. When patients are not very cleanly, it is not seldom that we notice in the vicinity that venereal excoriations, and even contagious ulcers arise; this is especially the case among women, on account of the configuration of the female genitals, which causes the secretion from the chancre to easily attain any excoriated part of the perineum or inner part of the thigh or anus. Communication from one lip of the vulva to the other is common. Strict attention to cleanliness, frequent sitz baths, covering all excoriated parts with plaster or lint, or sprinkling with starch powder, licopodium or oxide of zinc, careful covering up of ulcers, and separation of these from healthy parts by means of lint and linen rags, with frequent touching

with nitrate of silver, assist the searing over of ulcers. In the year 1858 there were in the K. K. Algem. Hospital, in the department for syphilis, 263 patients (male and female) taken in with forms of chancre; among these 97 had inflamed buboes (89 men and 18 women. From this statistical fact it is apparent that buboes are far more frequent among male than among females, inflamed and suppuratory.

#### Foreign Bodies in the Nares.

"A child, set. three and a half years," says Mr. A. R. MANBY, in the *Lancet*, "after nine months' unsuccessful treatment for ozæna, came under my father's notice in 1857. There was discharge from nostril, and careful probing revealed a foreign body, which on extraction proved to be a glass shoe-button, and behind this again was discovered a good-sized bugle bead."

A child, set. five years, in March last, came under the observation of Mr. Manby, with long standing ozæna of left nostril. By the introduction of the probe a rough body, giving to the touch that peculiar roughened sensation of dead bone, was experienced. Remembering his father's case, a strict examination was made, and a common dress hook, with the lacquer corroded, which had been lost for more than two years, was removed by the loop end of a hair-pin.

#### War and Its Sanitary Aspects.

PROFESSOR GUY, of King's College, has delivered three lectures on this subject before the Royal College of Physicians. He illustrated his subject chiefly from the period 1793 to 1815. We may divide war as a topic of study into two parts—one relating to armaments, the other to men. It is with the latter doctors are concerned, and to it therefore Dr. Guy devoted his lectures. He remarked that the experiences of peace in all hygienic matters are of considerable value, as illustrative, by contrast and comparison, of the circumstances affecting the health of soldiers and sailors engaged in active warfare. Overcrowding in shops, warehouses, factories, dwellings, and hospitals, the use of impure water, and the insufficient supply of food, particularly of its vegetable elements, have in civil life borne such disastrous results—in epidemics, and the general deterioration in health of the persons submitted to such in-

fluences—that it is no matter for wonder that, when supplemented by the circumstances of war, their result should be immensely aggravated. The lecturer illustrated the immediate and remote effects of over-crowding by many well-known instances, from the Black Hole of Calcutta down to modern times. While in both services, the mortality by disease immensely exceeds that caused by battle, the advantage, on the whole, is considerably on the side of the navy; the general result of a series of observations extending over many years of war being, that in the navy the losses by sickness and battle averaged 80 per 1,000 annually, while in the army they amounted to 111.

The smaller expenditure of life in the naval service continues to the present day, as illustrated by a comparison of the returns of the rates of sickness and mortality of the whole navy and army in the year 1868. In the former the rate of sickness per 1,000 was 48, and of deaths per 1,000 was 89; while in the army, the respective rates were 47 and 148. The history of warfare shows that our soldiers and seamen have other dangers to encounter besides direct conflict with the enemy. Lord Howe's great victory was followed by an outbreak among his crews of contagious fever, communicated by the French prisoners. Similar instances are numerous of disease being imported by soldiers returning from foreign expeditions; among others, the outbreak of fevers among the troops at Newport, Isle of Wight, in 1758, on their return from an attack on France, during which epidemic Brocklesby, the great army surgeon, instituted temporary hospitals of the very cheapest form, and at that early period demonstrated the immense advantage of the hut or tent hospital system, which, in modern warfare, is now completely established. The spread of epidemics by armies was an ever-recurring and much-dreaded feature of mediæval warfare, and still, even under our improved circumstances, furnishes cause for anxiety. Dr. Guy enumerated the various resources of science and art, introduced chiefly by the medical profession for the relief of the sufferers in war, and showed how the labors of Ambrose Paré, Woodall, Brocklesby, Howard, Jenner, Captain Cook, Sir George Baker, and a host of other worthies, had contributed to the result, that our army and navy entered upon the war period, selected as the text of his lectures, in a state of efficiency very much superior to that of the enemies they had to meet.

## Correspondence.

## DOMESTIC.

Obstinate Hemorrhage—Lead Poisoning—Treatment of Narcotism.

EDS. MED. AND SURG. REPORTER:

The following cases and observations from memory may be of some interest to your readers:

CASE I.—G. C., æt. 30, called at my office at 10 P. M., June 18th, to have a painful tooth extracted, which was accomplished without much difficulty or much hemorrhage; it was the right wisdom tooth of the lower jaw. He returned home and had a good night's rest, but on awaking the next morning found his mouth full of blood, and from this time until he sent for me at 2 P. M., the next day, he continued to spit up mouthfuls of blood every few minutes, emptying at night and the next day according to his statement, the chamber 5 times; of course, the chambers were not full and contained a good deal of saliva besides; the blood he lost the day before I could not estimate as he spit it out on the ground; his blanched skin and physical weakness sufficiently indicated his condition. His family had tried various domestic remedies, among them sulphate of copper, without avail. I removed the clots and plugged the cavity with cotton soaked in Morsel's solution with the effect of immediate arrest of the hemorrhage. Three years before, the father of this man, suffered in the same way from having the corresponding tooth pulled, except that he bled for six days, all remedies being unsuccessful until his physician resorted to the actual cautery, thoroughly searing the bleeding cavity.

CASE II. Was called last February at Castalian Springs, Tennessee, to see a young man named Henry, about 18 years of age, and of robust constitution; he was suffering with great pain in his bowels at night, having some fever and delirium at the same time. Whilst inspecting his mouth, I noticed a blue line on his gums, and asked him if he had been exposed to poisoning from lead; he said he had been wearing a piece of sheet lead on a fistulous opening in his abdomen to prevent his feces from passing out that way, and then gave me the following history of himself as nearly as I can remember, for I took no notes of the case. When about 13 years of age, and living in Michigan, he accidentally shot himself in the abdomen to the right of the mesial line, and below the umbilicus; both barrels of his gun went off, and the shot striking his powder flask carried the charger and the steel-spring, and probably some other portions, into his bowels; the powder in his flask exploded and set his clothes on fire. Being near his home, he reached it without assistance; his attending physician extracted about twenty duck shot, the steel-spring and the charger; he says that parts of the brass were not ex-

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tracted, but dissolved with acids given for the purpose. He recovered after many months of suffering with a fistulous opening, several attempts having been made by surgeons to close it, but with the usual result in such cases.

He had a fall from a horse several days before I saw him, striking the right side of his chest against a stone, and to this he attributed the pain in his bowels. My treatment was a cathartic, morphia to quiet his pain, and the iodide of potassium for several days, and he recovered promptly.

If this letter should meet the eye of the surgeon who first attended him, I should be glad to have his verification of Mr. Henry's statement as to the nature and extent of the latter's wound.

It is quite probable that [the case has already been reported; if so, please cite me to the place.

#### TREATMENT OF NARCOTISM.

As narcotism has become so frequent, I am tempted to add to the length of this paper by giving what I regard as a valuable adjunct, at least, to its treatment. It has, no doubt, been often employed, but I do not remember to have seen any stress laid on the use of hot water, *stinging hot*, to the feet. My plan is to plunge the feet in hot water and hold them there until the patient gives decided manifestations of pain. I renew the application every few minutes, taking care not to dull cutaneous sensibility by too frequent or prolonged use. It has this advantage: you can regulate exactly the amount of stimulants necessary; at the same time it causes an increased diaphoresis, still further "guarding the action" of the narcotic after the manner of ipecac. It seems to stand next to the galvanic battery in power and similarity of action. I have used it in three cases with success, employing it perseveringly for three or four hours. Perseverance and hot water will do the thing.

E. L. DRAKE, M. D.

Whitesboro, Texas, Aug. 8, 1871.

#### Hypodermic Use of Ergot.

EDS. MED. AND SURG. REPORTER:

In the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCES, Part vi. July 1870, is reported a case from the N. Y. *Medical Times*, by Dr. H. ERNEST SCHMIDT, of White Plains.

I have treated a case somewhat similar. At 3 P. M., May 24th, Mrs. R. G. was taken in labor. She did not send for me until 11 P. M. She told me she had short, severe pains, recurring at short intervals. Like the case reported in the *Compendium*, she felt them solely in her back, experiencing no bearing down pains whatever. On making an examination I found labor far progressed, the parts well relaxed and dilatable.

Some three hours later the state of things was the same, except that she had no more short periodical pains, but had a constant severe pain in the small of the back, and about

every ten minutes a slight contraction of the womb. I could effect a pretty strong contraction by titilating the edges of the os with my index finger; but it would soon subside when the titilating was suspended. I now commenced giving wine of ergot  $\text{ʒi}$ . every ten minutes for one hour without any effect. I then gave her fluid ext. ergot  $\text{gtt. xx}$  every fifteen minutes until eighty drops had been taken with but very little effect. It now occurred to me that I had read of a similar case brought to a close by the use of ergot hypodermically. I at once made up my mind to try it. I injected twenty drops of fluid ext. ergot in her arm. In a very short time the pains came on strong and quick, and after a few such, a large male child was born. The placenta came away in due time, and the uterus contracted readily on itself. Ergot was given by the mouth and subcutaneously.

Query. Was the final effect due to the former or latter?

A. S. HARSHBERGER, M. D.

Milroy, Pa.

## NEWS AND MISCELLANY.

### Wounds at the Recent Riot in New York.

A correspondent of the *Inquirer* of this city, says: In the recent riot, though the police are reported to have used their clubs with great force and effect, the number of broken heads was very few as compared with 1863. The chief and almost only form of injury was by the Minnie ball. This seems to have been used with remarkable precision.

The wounds closely resembled those seen on the battle-field when the contending armies are at close quarters. They went clean through everything of the consistency of flesh and bone. In many instances they passed through both thighs, fracturing the bones with many fragments. Of the total number of wounds, it is interesting to notice that so many were wounds in the lower parts of the body, as the thighs, hips and legs. This shows that the military did not fire wildly, or, as they usually do when inexperienced, into the air.

As usual in such riots, the wounds present many curiosities in position and direction. One man lying at the Morgue had a wound directly in the centre of the heart. In another there was no wound whatever apparent, but on examining the back of the head carefully a wound of exit was found, the ball having entered the open mouth. A man looking sideways was struck upon the tip of the chin. The ball shattered his lower jaw, penetrated his neck and escaped from his back. He lived several days. A boy was shot in the left hand and right shoulder, evidently by one ball. The explanation which he gave was, that he had his hand on his shoulder at the moment.

A man, escaping into a cellar, in a stooping posture, was wounded in front (as he supposed),



on the right side, the ball passing downward apparently, fracturing the bones of the hip, and lodging in the thigh; on careful search it could not be found. After death a wound of entrance was found on the posterior part of the hip, of which the patient seems to have been ignorant. The ball had passed from behind forward, while he was stooping, and emerged from the abdomen.

The wounds of the late riot were very fatal—even the most trivial finally proved fatal. The hot season was doubtless unfavorable, but there seemed to be an inherent fatality about these wounds. Many of the simpler kinds became gangrenous, and others proved mortal by the absorption into the system of poisonous matters.

#### The Western Cattle Blindness.

The *Kansas City Times* gives the following particulars of this disease as it has appeared in Jackson county: "In Independence there are thirty or forty—some of them the finest kind of animals—that have completely lost their sight, and are now wandering about in pitiful helplessness. In Westport the disease is spreading rapidly. Along down the line of the Memphis and Kansas City railroad the epidemic is raging, and in Blue, Sni-a-bar and Lone Jack townships the reports come up very gloomily of the ravages of the strange affliction. In Kansas City there are not less than two hundred blind cows. Some of the dairies have had, in the last week, fifteen blind milkers at one time. The eyes begin to swell a little, lasting generally from five days to two weeks. As soon as the swelling commences the eyes also begin to run clear water, just as though some hard and foreign substance was beneath the lids. After the running ceases, a hard white film covers the eye-balls, completely destroying the sight. This disease does not seem to affect the general health of the cow. Her appetite is as good as ever. There appears to be no change either in the quality or quantity of the milk, no pain, no uneasiness of any kind, no peculiar thirst indicating fever, and, indeed, no symptom that would indicate disease. The eyes alone suffer and are destroyed."

—Four cases of cholera have occurred in Berlin, Prussia. Italy and France are working co-jointly to keep the dire disease from entering within the boundaries of their territories.

—The New Jersey Pharmaceutical Society held a special meeting at Long Branch, August 16th, when resolutions were adopted to the effect that the revenue tax on retail druggists should be reduced from \$25 to \$10.

—Dr. SAYRE, the eminent New York surgeon, is now traveling in Germany, and intends to remain abroad until October or November.

—The eminent surgeon, Mr. James Paget, recently received the honor of knighthood from Queen Victoria, in recognition of his professional merits.

—DR. WILMER WORTHINGTON, of West Chester, is on a tour through this State visiting the jails, poor houses, and institutions of charity. The doctor is secretary and agent of the Board of Charities of Pennsylvania—a board that is a credit to the State, and of which Dr. Worthington is one of the most efficient officers.

—It is reported that Dr. W. R. BURKE, who poisoned himself in the poor house at Cairo, recently, was once a wealthy, popular practicing physician of that city. He became addicted to dissipation a few years ago and lost all his property. His wife became insane and is now an inmate of the Jacksonville asylum. He was originally from Virginia where his relatives now live.

—The cholera has appeared in several places in Germany and within sixty miles of Berlin. A case or two has appeared in both Paris and London, and at least one well-defined case in Hull.

—The Board of Health of New York has directed a quarantine of thirty days for vessels coming from ports infested with yellow fever.

#### MARRIED.

ELDERDTH—WONSON—August 18th, Philemon Elderdth M. D., of Marblehead, Mass., and Miss Eleanor D. Wonson, of Gloucester.

GULDIN—ROADS—On Wednesday, August 16th, by the Rev. Thomas F. Hutchinson, Dr. B. C. Guldin, of Tanqua, and Alice M., daughter of J. C. Roads, Esq., of Potomac.

#### DIED.

CLARK—Suddenly, in Brooklyn, August 13th, at the residence of his parents, Dr. J. E. and Francis P. Clark, Henry Stillman Clark, aged 2½ years.

ELLIOT—In New York, of heart disease, August 12th, Grace, eldest daughter of Dr. Augustus G. and Lizzie A. Elliot.

FLEMING—On the 19th of August, 1871, Dr. Robert F. Fleming, son of the late Thomas Fleming, of Philadelphia, at his late residence in Alexandria, Va.

GORDON—In this city, August 12th, Agnes Katharine, daughter of Dr. Charles and Margaret S. Gordon.

JONES—In Montgomery county, Pa., on the 11th inst., Catharine A., wife of Dr. Joshua Y. Jones.

MILNE—In Boston Highlands, July 28th, Carrie Corcoran, only child of Dr. C. Edwin and Mrs. Eunice P. Milne, aged 3 years, 6 months and 3 days.

MONROE—In North Situate, Mass., August 12th, John H., son of Dr. Franklin Monroe, formerly Sergeant of Co. B, Third R. I. Heavy Artillery, in the 33d year of his age.

SHELLY—In this city, August 21st, at the residence of his son, Dr. A. F. Shelly, No. 839 North Fifth street, Francis Y. Shelly, in his 73d year.

SHIFFER—In Burlington, N. J., August 11th, Elizabeth E., daughter of the late Dr. Edward Shippen.

STOVELL—In this city, August 13th, Matthew Stovell, M. D., eldest son of John and Sarah Stovell, in the 2d year of his age.

YARDLEY—In this city, August 23d, Mary L., widow of the late Thomas H. Yardley, M. D.